

# Employment Application

We welcome you as an applicant for employment with the City of Golden Valley. It is the City of Golden Valley’s policy to provide equal opportunity in employment. The City will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please provide complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

The City accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact Kirsten Santelices, Human Resources Director at 763-593-3989.

**\* Please print in ink or type when completing this application.**

### POSITION INFORMATION

|                                      |
|--------------------------------------|
| Title of position applying for:      |
| Department of position applying for: |

|   |  |
|---|--|
| Are you legally eligible to work in the United States in the position for which you are applying?<br><i>Proof of citizenship or work eligibility will be required as a condition of employment.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will your continued employment require employer sponsorship?"   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you at least 18 years old? (only for positions requiring 18 years of age or older)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### PERSONAL INFORMATION

|                  |        |                 |      |
|------------------|--------|-----------------|------|
| Name:            | (Last) | (First)         | (MI) |
| Street Address   |        |                 |      |
| City, State, Zip |        |                 |      |
| Phone Number     |        | Alternate Phone |      |
| Email            |        |                 |      |



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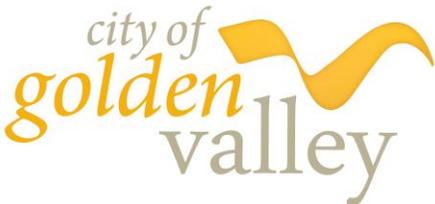
## EDUCATIONAL INFORMATION

|   |  |  |  |
|---|--|--|--|
| Enter the highest grade completed below |  |  |  |
| Grade School:1,2,3,4,5,6,7,8,NA         | High School:9,10,11,12,NA  | College/Tech:AS,AA,BS,BA   | Graduate:MA,MS,PHD,JD,NA   |
| Did you graduate:<br>(Please check)     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>High School</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>College/Technical</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Graduate/JD</i> |
| <b>School Name</b>                      | <b>City/State</b>  | <b>Course of study</b>   | <b>Degree</b>  |
| High School:                            |  |  |  |
| College:                                |  |  |  |
| Graduate School:                        |  |  |  |
| Technical/Vocational:                   |  |  |  |
| Other:                                  |  |  |  |
| Other:                                  |  |  |  |

**List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:**

**List any current licenses, registrations, or certificates you possess which may be related to this position:**





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### EMPLOYMENT EXPERIENCE

List present or most recent employer first. Please note "see resume" is not an acceptable response for any entries on this application.

|  |                |                 |
|--|----------------|-----------------|
| Company  | Job Title      | Hrs./Week       |
| Address  | Start Date     | Starting Salary |
| City, State, Zip   | End Date       | Final Salary    |
| Phone Number   | Last Job Title |                 |
| Reason for leaving:  |                |                 |
| Briefly describe your responsibilities:  |                |                 |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                 |

|  |                |                 |
|--|----------------|-----------------|
| Company  | Job Title      | Hrs./Week       |
| Address  | Start Date     | Starting Salary |
| City, State, Zip   | End Date       | Final Salary    |
| Phone Number   | Last Job Title |                 |
| Reason for leaving:  |                |                 |
| Briefly describe your responsibilities:  |                |                 |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                 |



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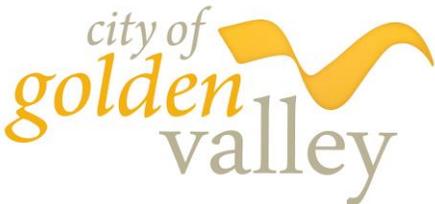
|  |                |                 |
|--|----------------|-----------------|
| Company  | Job Title      | Hrs./Week       |
| Address  | Start Date     | Starting Salary |
| City, State, Zip   | End Date       | Final Salary    |
| Phone Number   | Last Job Title |                 |
| Reason for leaving:  |                |                 |
| Briefly describe your responsibilities:  |                |                 |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                 |

|  |                |                 |
|--|----------------|-----------------|
| Company  | Job Title      | Hrs./Week       |
| Address  | Start Date     | Starting Salary |
| City, State, Zip   | End Date       | Final Salary    |
| Phone Number   | Last Job Title |                 |
| Reason for leaving:  |                |                 |
| Briefly describe your responsibilities:  |                |                 |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                 |

## UNPAID EXPERIENCE

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).





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### MILITARY EXPERIENCE

|  |
|--|
| Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Describe your duties:  |
| Do you wish to apply for Veterans' Preference points: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If you answered "yes," you must complete the enclosed application for Veterans' Preference points, and submit the application and required documentation to the City by the application deadline of the position for which you are applying. |

### AUTHORIZATION

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I further acknowledge my understanding that employment with the City of Golden Valley is "at will," and that employment may be terminated by either the City or me at any time, with or without notice.

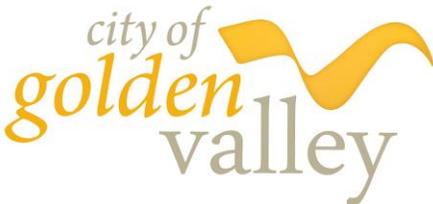
With my signature below, I am providing the City of Golden Valley authorization to verify all information I provided within this application packet, including contacting my previous employer if I checked "yes" to "may contact employer."

I further understand it is my responsibility to notify the City of in writing of any changes to information reported in this application for employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# Employment Application

### VETERAN'S PREFERENCE

Complete this form only if you are claiming veterans' preference.

Note: Veteran is defined by Minn. Stat. § 197.447

You must submit a photocopy of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The City of Golden Valley operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten points are granted to non-disabled veterans on open competitive examinations; 15 points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a competitive exam, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served The full period called or ordered for federal, active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a promotional exam, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of Golden Valley.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

|  |  |  |              |  |  |
|--|--|--|--------------|--|--|
| Name (Last)                      (First)                      (MI)                                   |  |  |              | Position For Which You Applied                           |  |
| Address (Street)                      (City)                      (State)                      (Zip) |  |  |              | Closing Date:  |  |
|  |  |  | Phone Number | Are you a US Citizen or Resident Alien?                  |  |
|  |  |  |              | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |





# Employment Application

**VETERAN (10 points):**

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)

Honorably discharged veteran  Yes  No

**DISABLED VETERAN (15 points):**

("Member Copy 4" of DD214, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of Disability: \_\_\_\_\_%

Have you ever been promoted within the City of \_\_\_\_\_ employment?  Yes  No

**SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):**

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran).

Date of Death: \_\_\_\_\_ Have you remarried?  Yes  No

**SPOUSE OF DISABLED VETERAN (15 points):**

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points).

How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

**AFFIDAVIT:** I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of Golden Valley by the required application deadline.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

